

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

400 INTERPACE PARKWAY

☐ Check if different than previously reported. (ACC)

PARSIPPANY

NJ

07054

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00391086

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Lively

Signature of Treasurer

Robert Lively

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 18 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y Y 03 / 31 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y 2016 | | 141475.31 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 113060.68 | |
| (c) Total Receipts (from Line 19) | 19116.00 | 22848.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 132176.68 | 164323.31 |
| 7. Total Disbursements (from Line 31) | 31609.70 | 63756.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 100566.98 | 100566.98 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 01 | / | 2016 |

To:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2016 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18476.00

18978.00

(ii) Unitemized

640.00

3370.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19116.00

22348.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

19116.00

22348.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19116.00

22848.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

19116.00

22848.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 109.70 | 256.33 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 109.70 | 256.33 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 28500.00 | 60500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 3000.00 | 3000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 31609.70 | 63756.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 31609.70 | 63756.33 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 19116.00 | 22348.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19116.00 | 22348.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 109.70 | 256.33 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 109.70 | 256.33 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ambrose M Bailey

Mailing Address 400 Intepace Parkway

City

Parsippany

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc

Occupation

Chief Legal Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.13260

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul M Bisaro

Mailing Address 121 Old Oak Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Executive Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.13261

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Boyer

Mailing Address 14 St Malo Dr.

City

Pinebrook

State

NJ

Zip Code

07058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Sr. VP Generic Sales and Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.13211

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

10075.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Andrew Boyer

Mailing Address 14 St Malo Dr.

City
Pinebrook

State Zip Code
NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Sr. VP Generic Sales and Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.13212

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patrick G Brunner

Mailing Address 10231 Key Plum St.

City
Plantation

State Zip Code
FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Sr. VP, Global Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.13213

Amount of Each Receipt this Period

76.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patrick G Brunner

Mailing Address 10231 Key Plum St.

City
Plantation

State Zip Code
FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Sr. VP, Global Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.13214

Amount of Each Receipt this Period

76.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

227.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Closter

Mailing Address 909 Third Ave

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan Inc.

Occupation

Asst. Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.13263

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Loredana Cromarty

Mailing Address 400 Interpace Parkway

City State Zip Code
 Parsippany NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Executive Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.13216

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Duff

Mailing Address 10 Glen Road

City State Zip Code
 West Orange NJ 07052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Sr Director, Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.13220

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brenton Fisk

Mailing Address 500 N. Capitol St. NW, Suite 330

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Manager, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 04 / 2016

Transaction ID : SA11AI.13221

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brenton Fisk

Mailing Address 500 N. Capitol St. NW, Suite 330

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Manager, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.13222

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Lay

Mailing Address 101 Appleton Way

City State Zip Code
 Whippany NJ 07981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

VP, Generic Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.13230

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Karen Ling

Mailing Address 400 Interpace Parkway

City State Zip Code
Parsippany NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.13259

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Lively

Mailing Address 500 N. Capitol St NW, Suite 330

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

VP, Corp Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.13233

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Lively

Mailing Address 500 N. Capitol St NW, Suite 330

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

VP, Corp Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.13234

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Scott Soltis

Mailing Address 53 Saunders Lane

City

Hackettstown

State

NJ

Zip Code

07840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Executive Director, Global Security

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 18 | / | 2016 |

Transaction ID : SA11AI.13246

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Sutton

Mailing Address 2840 Shaughnessy Dr.

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 18 | / | 2016 |

Transaction ID : SA11AI.13250

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Armen Tekerian

Mailing Address 8 Arrowhead Court

City

Ramsey

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

VP, Enterprise Systems

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 04 | / | 2016 |

Transaction ID : SA11AI.13251

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

117.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Armen Tekerian

Mailing Address 8 Arrowhead Court

City State Zip Code
Ramsey NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

VP, Enterprise Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.13252

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dixie Webster

Mailing Address 5640 Crosspark Drive

City State Zip Code
Salt Lake City UT 84123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Director, Quality Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.13253

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dixie Webster

Mailing Address 5640 Crosspark Drive

City State Zip Code
Salt Lake City UT 84123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergan, Inc.

Occupation

Director, Quality Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.13254

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.00

18476.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)
ALLERGAN, INC. POLITICAL ACTION COMMITTEE

A. Union Bank

Category/
Type

109.70

| | | | |
|----------------|---|-------------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | | |

B.

Category/
Type

Memo Item

| | | | |
|----------------|---|-------------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | | |

C.

Category/
Type

 Memo Item

| | | | |
|----------------|---|-------------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | | |

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 109.70 |
| 25-34 | ~100 |
| 35-44 | ~100 |
| 45-54 | ~100 |
| 55-64 | ~100 |
| 65-74 | ~100 |
| 75-84 | ~100 |
| 85+ | ~100 |

109.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| BRYAN | TX | 77805 |

Purpose of Disbursement
contribution

011

Candidate Name

BILL FLORESCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 08 | / | 2016 |

Transaction ID : SB23.13280

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| THE WOODLANDS | TX | 77387 |

Purpose of Disbursement
contribution

011

Candidate Name

KEVIN BRADYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 29 | / | 2016 |

Transaction ID : SB23.13279

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DONALD M PAYNE JR FOR CONGRESS

Mailing Address PO BOX 2406

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| NEWARK | NJ | 07114 |

Purpose of Disbursement
contribution

011

Candidate Name

DONAL M. PAYNECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2016 |

Transaction ID : SB23.13273

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 11000.00 |
|----------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

| | | |
|-----------------|-------------|-------------------|
| City ATLANTA | State GA | Zip Code 30325 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
contribution

Candidate Name

JOHN HARDY ISAKSON

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 02 | | 2016 |

Transaction ID : SB23.13278

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HALL FOR CONGRESS EXPLORATORY COMMITTEE

Mailing Address 249 E. OCEAN BLVD. SUITE 685

| | | |
|--------------------|-------------|-------------------|
| City LONG BEACH | State CA | Zip Code 90802 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
contribution

Candidate Name

ISADORE III HALL

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 44

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 29 | | 2016 |

Transaction ID : SB23.13299

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 901 N. GLEBE ROAD, SUITE 1000

| | | |
|-------------------|-------------|-------------------|
| City ARLINGTON | State VA | Zip Code 22203 |
|-------------------|-------------|-------------------|

Purpose of Disbursement
Voided Check

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 11 | | 2016 |

Transaction ID : SB23.13314

Amount of Each Disbursement this Period

| |
|----------|
| -1000.00 |
|----------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 5000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAKING AMERICA PROSPEROUS PAC

Mailing Address PO BOX 2485

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| SPRINGFIELD | VA | 22152 |

Purpose of Disbursement
2016 contribution

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2016 |

Transaction ID : SB23.13266

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VALADAO FOR CONGRESS

Mailing Address 5132 N PALM AVE #227

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| FRESNO | CA | 93704 |

Purpose of Disbursement
contribution

Candidate Name

DAVID VALADAO

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 21

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 15 | | 2016 |

Transaction ID : SB23.13267

Amount of Each Disbursement this Period

| |
|---------|
| 3500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTERS FOR CONGRESS

Mailing Address 300 SPECTRUM CENTER DR #400

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| IRVINE | CA | 92618 |

Purpose of Disbursement
contribution

Candidate Name

MIMI WALTERS

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 45

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 15 | | 2016 |

Transaction ID : SB23.13303

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 11000.00 |
|----------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WALTERS FOR CONGRESS

Mailing Address 300 SPECTRUM CENTER DR #400

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| IRVINE | CA | 92618 |

Purpose of Disbursement
contribution

Candidate Name

MIMI WALTERS

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: CA District: 45

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
| 03 | | 15 | | 2016 |

Transaction ID : SB23.13304

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
|-------|---|-------|---|---------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
|-------|---|-------|---|---------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 1500.00 |
|---------|

| |
|----------|
| 28500.00 |
|----------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 18

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ALLERGAN, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian Birdwell Campaign

Mailing Address PO Box 1111

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Granbury | TX | 76048 |

Purpose of Disbursement
For Brian Birdwell, State TX, General 2016

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|-------------------|---|

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 02 | | 2016 |

Transaction ID : SB29.13290

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charlie Geren Campaign

Mailing Address P.O. BOX 1440

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Forth Worth | TX | 76101 |

Purpose of Disbursement
For Charlie Geren, State TX, General 2016

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|-------------------|---|

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 02 | | 2016 |

Transaction ID : SB29.13289

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Texans for Joe Straus

Mailing Address PO BOX 90388

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| San Antonio | TX | 78209 |

Purpose of Disbursement
For Joe Straus, State TX, General, 2016

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|-------------------|---|

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 02 | | 2016 |

Transaction ID : SB29.13288

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3000.00 |
|---------|

| |
|---------|
| 3000.00 |
|---------|